

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 20 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29

1. PLACE OF DEATH
 2 County Andrew Registration District No. 16 File No. _____
 Township Garfield Primary Registration District No. 5020 Registered No. 3
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Feyris Alvin Vandevender
 (a) Residence, No. Helena, Mo. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Vandevender
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1858
 7. AGE YEARS 73 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Century, Kentucky

FATHER 13. NAME Granville Vandevender

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Elizabeth Means

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Missouri

17. INFORMANT (ADDRESS) Dr. B. B. Brant

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Helena, Mo. PLACE Garfield DATE Jan 20, 1932

19. UNDERTAKER (ADDRESS) W. H. Wilson Spring City, Mo.

20. FILED Jan 20, 1932 32 mpa Bette Rogers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1932
 22. I HEREBY CERTIFY That I attended deceased from Dec. 15, 1931 to Jan. 19, 1932
 I last saw him alive on Jan. 12, 1932 Death is said to have occurred on the date stated above, at 8:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
82A
97 82A

Other contributory causes of importance:

arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) J. B. Wilson _____, M. D.

(Address) Rosendale, Mo.

